AMENDMENT TRANSMITTAL LETTER							Docket No. 2121-0176P		
Applicatio		Filing Date Examiner				Art U			
10/628,415-Co		July 29	2003		N. M. Minnifie	ld	1645		
	RSAL CARRIE	R FOR TARG	ETING MOLI	ECULE	S TO GB3 R	ECEPTO	R		
Amendment mmissioner for I D. Box 1450 exandria, VA 223	Patents								
ransmitted here he fee has been					plication.				
		CLAIM	S AS AMEN	DED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate				
Total Claims	18	- 20 =	0	х	50.00		0.00		
Independent Claims	5	- 3 =	2	x	210.00		420.00		
Multiple Depend	ent Claims (che	eck if applicabl	e)						
Other fee (please specify): Extension for response within third month; Reissue independent claims in excess of three							1,470.00		
TOTAL ADDITI	ONAL FEE FO	OR THIS AME	NDMENT:				1,470.00		
Please charge A duplicate of A check in the Payment by X The Director as described X Credit ar	opy of this she e amount of \$ credit card. Fo	ount No(et is enclosed prm PTO-2038 orized to chan licate copy of t	is enclosis attached. ge and credit	sed. Deposenciose	ed.	, <u>02</u>	-2448		
MáryAnne Arms Attorney Reg. N BIRCH, STEWA 8110 Gatehouse	o.: 40,069 RT, KOLASCH	H & BIRCH, LI	.P						
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PTO/SB/17 (10-07)
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Registration No. (Attorney/Agent) 40,069 Telephone (703) 205-8000	Under the Paperwork Reduction Act of	1995, no person are required	U.S. Pa to respond to a colle	atant and Tradem action of informati	ark Office; U.S. DEI ion unless it displays	PARTMENT a valid OME	OF COMMERC 3 control numbe						
FEE TRANSMITTAL For FY 2008 Page				Com	plete if Know	'n_							
Por FY 2008			8). Application I	Application Number		10/628,415-Conf. #6282							
Examiner Name N. M. Minnified	│ FEE TRANS	MITTAL	Filing Date	Filing Date July 29,			2003						
Applicant claims small entity status. See 37 CFR 1.27 AT LINI 1645 TOTAL AMOUNT OF PAYMENT (b) 1,470.00 Attomory Docket No. 2121-0176P METHOD OF PAYMENT (check all that apply) Check Credit Curd Money Order None Other (please identity): Deposit Account Deposit Account home Outs of Payment None Other (please identity): X Deposit Account Deposit Account the Director is hereby sutthorized to: (check all that apply) X Charge fee(s) indicated below Check all that apply) X Charge fee(s) indicated below Check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Reposit Account None of Payment None of None Other (please identity): X Charge fee(s) indicated below Charge fee(s) indicated below Reposit None of None Other (please identity): X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee X Credit any overpayments FEE CALCULATION 1. BASIC FILING FEES SEARCH FEES SEARCH FEES SEAMINATION FEES Small Entity Fee (s) Fe	For EV 2	nne			udger JOHANNES								
TOTAL AMOUNT OF PAYMENT (check all that apply) Check	FOIFIZ	JU0	Examiner Na	Examiner Name N. M. Mir									
METHOD OF PAYMENT (check all that apphy)	Applicant claims small entity sta	Art Unit	Art Unit 1645										
Check Credit Curd Money Order None Other (please identify): Deposit Account Deposit Account Number Q2.2448 Deposit Account New Deposit Account Number Deposit Number Deposit Account Number Deposit Number	TOTAL AMOUNT OF PAYMENT	(\$) 1,470.00	Attorney Doc	Attorney Docket No. 2121-0176P									
Deposit Account Deposit Deposit Account Deposit Account Deposit Account Deposit	METHOD OF PAYMENT (check	all that apply)											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee X Credit any overpayments X Charge fee(s) indicated below, except for the filling fee X Credit any overpayments X Credi	Check Credit Card	Money Order	None Oth	ner (please identif	y):								
Charge foo(s) indicated below. except for the filling fee Charge foo(s) indicated below. except for the filling fee Charge foo(s) indicated below. except for the filling fee Charge foo(s) indicated below. except for the filling fee Charge foo(s) indicated below. except for the filling fee Charge foo(s) indicated below. except for the filling fee Charge foo(s) indicated below. except for the filling fee Charge foo(s) indicated below. except for the filling fee Charge foo(s) indicated below. except for the filling fee Charge foo(s) indicated below. except for the filling fee Charge foo(s) indicated below. except for the filling fee Charge foo(s) indicated below. except for the filling fee Charge foo(s) indicated below. except for the filling fee Charge foo(s) indicated below. except for the filling fee Charge foo(s) indicated below. except for the filling fee Charge foo(s) indicated below. Except for the filling fee Charge foo(s) indicated below. Except for the filling fee Charge foo(s) indicated below. Except for the filling fee Charge foo(s) indicated below. Except for the filling fee Charge foo(s) indicated below. Except for the filling fee Charge foo(s) indicated below. Except for the filling fee Charge foo(s) indicated below. Except for the filling fee Charge foo(s) indicated below. Except for the filling fee Charge foo(s) Charge f	X Deposit Account Deposit Account	Number: 02-2448	3 Dep	osit Account Name	Birch, Stewa	rt, Kolaso	ch & Birch,						
Change any additional fee(s) or underpayments of fee(s) under 37 CPR 1.16 and 1.17	For the above-identified dep	osit account, the Directo	or is hereby autho	rized to: (chec	k all that apply)								
Test Column Total Calims Extra Calims Ext	X Charge fee(s) indicate	d below	Ch	arge fee(s) ind	licated below, ex	cept for t	he filing fee						
1. BASIC FILMG, SEARCH, AND EXAMINATION FEES STAND FEES STAND FEES SEARCH FEES STAND F	X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17												
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Application Type													
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Reissue	Design 210	105	00 50	130	65								
Provisional 210 105 0 0 0 0 0 0 2 2 EXCESS CLAIM FEES 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Plant 210	105 31	10 155	160	80								
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Each independent claim over 3 (including Reissues) 210													
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18 - 20 0 x 50.00 = 0.00 Fee (3) Fee Paid (5) HP = highest number of total claims paid for, 8 greater has 20. Indee, Claims 5 - 3 = 2 x 210.00 = 420.00 HP = highest number of independent claims paid for, 19 water than 3. A.PPLCATION SIZE FEE If the specification and drawvings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.152(e)), the application size fee due is \$750 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 77 CFR 1.16(e). Idial Sheets Extra Sheets Humbar of seach additional 50 of reaction thereof. 50 = (round up to a whole number) x = Fee (15) Fee Paid (5) Non-English Specification, \$130 fee (no small entity discount) Other (c.g., late filing surcharge): 1253 Extension for response within third month 1,050.00 SUBMITTED BY Registration No. 40,063 Teephrore (703) 205-8000		Fee (\$) Fe	e Paid (\$)	M	itinia Denenda								
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5 -3 - 2 × 210.00 = 420.00 19 - Nighter Lumber of lodeported retime path for, if years from 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 30 CFR. 1.32(e), the application size fee due is \$250 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 3 U.S.C. 41(a)(1/(G) and 37 CFR. 1.16(a). 10 (output up to a whole number) × Fee (5) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 10,00.00 10,00.					E741 F	00 1 2.0 1	4						
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3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 57 CPR 1.52(e)), the application size fee due is \$250 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See \$5 U.S.C. 41(0)(1)(0) and 37 CPR 1.16(g). Idial Sheets Extra Sheets Bulbard desch additional 50 or fraction thereof produced by the second of the			420.00										
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Registration No. (Attorney/Agent) 40,069 Telephone (703) 205-8000													
(Attiorney/Agent) 40,009 Telephone (703) 205-8000	SUBMITTED BY												
	Signature 1972		Registration No.	40,069	Telephone	(703) 20	5-8000						
UC1 Z 3 ZUU/	Name (Print/Type) MaryAnne Armstr	ong. Ph.D.	I commission de la comm		Date Of								
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